



**DATE:** \_\_\_\_\_

MECH	/
SUPPLY	/
SUPVR	/
T.L	/
P.C.	/

**1. Requesting Supervisor:** \_\_\_\_\_ **Approving Authority:** \_\_\_\_\_  
*(Maintenance Mechanic Foreman)* *(Maintenance Officer or designated representative)*

**2. Reason for Exchange:**

**3. If the controlled exchange item is removed from a major end item, then give the following information of that major end item. If the item is a component removed from the T-700 engine, please provide the history recorder readings from both engines on back side of sheet**

**4. Aircraft Information: Model** \_\_\_\_\_ **S/N** \_\_\_\_\_ **HRS** \_\_\_\_\_

## 5. Description of item removed: Nomenclature

**NSN** **P/N**

S/N	Remarks
-----	---------

6. Nomenclature	S/N
-----------------	-----

**7. Aircraft Information: S/N** **HRS**

8. Nomenclature	S/N
-----------------	-----

## 9. Remarks

<b>10. Is controlled exchange item tracked in TB 1-1500-341-01?</b>	<b>YES</b>	<b>NO</b>
---	------------	-----------

**11. If item is a tracked component, a red “X” entry will be placed in the log book of the gaining and losing aircraft stating: “Historical records review and update required by QC prior to test flight” followed by the reason i.e. replacement of engine, gearbox, etc...**

**12. Has the replacement part been ordered?**      **Yes**      **No**      **Reason for delay:** \_\_\_\_\_

**13. The Following applicable historical data entries have been completed as indicated by QC PID:**

DA FORM 2408-5	_____	DA FORM 2408-16-1	_____
DA FORM 2408-5-1	_____	DA FORM 2408-19	_____
DA FORM 2408-13-1	_____	DA FORM 2408-20	_____
DA FORM 2408-15	_____	DA FORM 2410	_____
DA FORM 2408-16	_____	1577	_____
ULLS-A			

**14. DISTRIBUTION:** **COMMENTS:**

QC  
Gaining ACFT  
Losing ACFT  
PC (Original)

ANNEX A (LAAASF WORKSHEETS)  
**CONTROLLED EXCHANGE LOG**

[illegible]

ANNEX A (LAAASF WORK SHEETS)  
**NEW PARTS INSTALLATION**

ROUTING	Initial	Date
MECH		
SUPERVISOR		
QC		
FOREMAN		
MECH		
SUPPLY		
QC		

\*DATE: \_\_\_\_\_

\*ACFT MDS: \_\_\_\_\_ ACFT SN: \_\_\_\_\_ ACFT HRS: \_\_\_\_\_

\*COMPONENT NOMENCLATURE: \_\_\_\_\_

\*REASON FOR REMOVAL: TBO \_\_\_\_\_ OTHER \_\_\_\_\_

\*FORMS RECEIVED WITH NEW COMPONENT:

1574 ( ) : 2408-5-1 ( ) : 2408-16 ( ) : 2410 ( ) : 2408-20 ( ) : OTHER ( ) \_\_\_\_\_

*COMPONENT RECEIVED	*COMPONENT TO BE SHIPPED
*NSN: _____	*NSN: _____
*P/N: _____	*P/N: _____
*SER NO: _____	*SER NO: _____
	TSO/TSN: _____

THE FOLLOWING FORMS WILL BE COMPLETED:

A) 2408-5-1 ( )      B) 2408-16 ( )      C) 2410 ( )      D) 2408-20 ( )

E) 1577 TAGS ( )      F) ULLS-A ( )      OTHER ( ) \_\_\_\_\_

+1. IS THE NEW PART TRACKED IN TB 1-1500-341-01: YES ( ) NO ( )

+2. IF YES ABOVE, THE A DA FORM 2408-13-1 ENTRY WILL BE MADE AS FOLLOWS: ("X" RECORDS REVIEW AND/OR HISTORICAL RECORDS UPDATE IS REQUIRED BY QC PRIOR TO FIRST FLIGHT). ENTRY MADE YES ( ) NO ( )

3. THIS FORM SHALL BE TURNED IN TO THE QUALITY CONTROL OFFICE IN A TIMELY MANNOR TO ENSURE ALL HISTORICAL ALL HISTORICAL DATA PERTAINING TO THE AIRCRAFT IS COMPLETE AND ACCURATE BEFORE IT IS RELEASED FOR FLIGHT

\*4. THE ITEM HAS HAD THE PROPER CORROSION PREVENTIVE MEASURES APPLIED AND IS PROPERLY PACKED FOR SHIPMENT: \* INITIALS/PID \_\_\_\_\_

\*DENOTES MECHANIC ENTRIES

+DENOTES MECHANIC SUPERVISOR ENTRY

**IMPAC CARD PURCHASE REQUEST FORM**

REQUEST FROM: \_\_\_\_\_

1. ITEMS REQUESTED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

:

2. VENDOR INFORMATION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. VENDOR P.O.C. &amp; PH # \_\_\_\_\_

4. QUANTITY: \_\_\_\_\_

5. PRICE: \_\_\_\_\_

6. PRIORITY: \_\_\_\_\_

7. SUPERVISOR VERIFICATION: \_\_\_\_\_

\*\*\*\*\*AUHTORIZATION\*\*\*\*\*

DATE: \_\_\_\_\_

\*MAJ ATENCIO (6-2015) APPROVED/DISSAPPROVED

\*MAJ LASCANO (6-2563) APPROVED/DISSAPPROVED

\*CW3 GOULD (6-3822) APPROVED/DISSAPPROVED

PURCHASED: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

RECONCILED: \_\_\_\_\_

The following checklist will be used as a guide. On a daily basis the Supervisor or Interim Supervisor will inspect all aircraft in the hangar. Discrepancies will be noted (including time) and corrective action taken immediately.

<b>A/C Serial No.</b>	<b>Week Ending</b>				
	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
<b>Inspection</b>					
1. Power removed from aircraft (battery or external)					
2. AC grounded to proper grounding point					
3. Fire extinguishers in place (check for currency of Fire Department inspection, proper capacity and location)					
4. Drip pans in place					
5. Work area free of rubbish, grease and oils					
6. Safety and or caution signs in place					
7. Electrical power outlets supported (18 inches above the Floor)					
8. First Aid kit available and adequate					
9. Work stands in good condition, free of rubbish, guard rails utilized, safety locks in place and brakes locked.					
10. Assure that the aircraft surfaces are free of tool boxes, parts, rubbish, loose hardware, etc.					
11. Assure the prescribed wheel chocks are in place. (properly moored if applicable)					
12. Assure that all flammable liquids are properly stored and in vapor proof containers					
13. Aircraft de-armed and safety pins installed					
14. Parts rack being utilized properly					
15. Open containers, lines covered					
16. Intake covers installed on all areas					
17. All parts tagged (i.e. W/O's, 2410's, etc.)					
18. Review logbook / phase-book daily					
19. Shops complete documentation prior to leaving aircraft					
20. Shops clean their work areas prior to leaving aircraft					
21. TI buyoff all write-ups prior to shops leaving aircraft					
22 Controlled Exchange Sheets filled out prior to removal of parts					
23. Used or worn parts turned into supply with required paperwork					
24. Logbooks turned into the Maintenance Office at the conclusion of the work day					

## MAINTENANCE AIRCREW BRIEFING

UNIT \_\_\_\_\_

DATE \_\_\_\_\_

BRIEF TIME \_\_\_\_\_

( ) MOC BRIEFING

( ) MTF BRIEFING

1. AIRCRAFT TYPE AND TAIL #: \_\_\_\_\_

2. PURPOSE OF MOC/TEST FLIGHT: \_\_\_\_\_

3. FLIGHT ROUTE: \_\_\_\_\_

4. CREWMEMBERS:

MTP/PC (SEAT)

PI/CP

CE / MAINT PERS

5. SPECIAL EQUIPMENT REQUIRED: ( )AVA ( )JET CAL ( )ENG VIB MTR ( )TQ ( )DIR PRESS GUAGE

( )NONE ( )OTHER \_\_\_\_\_

6. MISSION RESTRICTIONS: \_\_\_\_\_

7. SAFETY CONSIDERATIONS: \_\_\_\_\_

8. REMARKS: \_\_\_\_\_

BRIEFERS SIGNATURE: \_\_\_\_\_ MTP/PILOTS SIGNATURE: \_\_\_\_\_

**TEST FLIGHT RISK ASSESSMENT****MISSION RISK FACTOR** \_\_\_\_\_

UNIT: \_\_\_\_\_

DATE: \_\_\_\_\_

MISSION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**1. COMPLEXITY (RISK VALUE)**

Command &amp; Control /Location / Type of Test Flight

LIMITED GENERAL EVAC

Local Command

FIELD	2	3	5
GARRISON	1	2	5

Attached Unit

FIELD	3	4	5
GARRISON	2	3	5

COMMANDER EVALUATION \_\_\_\_\_

**2. WEATHER**

WIND CEILING/VISIBILITY

VELOCITY &lt;500/2 1000/3 &gt;1000/3

21-30KTS	8	4	3
11-20KTS	7	3	2
0-10KTS	6	3	1

COMMANDER EVALUATION \_\_\_\_\_

**3. CREW REST**

Based on mission Profile, Pilot or crewmember with least amount of crew-rest. Quality and Length of rest last 24 hours

QUALITY 8hrs 6-8hrs &lt;6hrs

Field Site	3	4	5
RON	2	3	5
Home Station	1	2	3

COMMANDER EVALUATION \_\_\_\_\_

**4. CREW SELECTION - MTP**

HOURS &lt;750 750-1500 &gt;1500

MTP 3 2 1

COMMANDERS EVALUATION \_\_\_\_\_

**5. MAINTENANCE PERSONNEL FACTORS**

MECHANIC # WORKING ON ACFT

EXPERIENCE 1-2 3-4 5-6 7+

HIGH	1	2	3	4
AVERAGE	2	3	4	5
MINIMUM	3	4	5	6

COMMANDER EVALUATION \_\_\_\_\_

**6. MTP QUALIFICATION**

PRIMARY ACFT TO BE TEST FLOWN

ACFT UH-1 OH-58 CH-47 AH-1 UH-60

UH-1	1	2	4	2	4
OH-58	2	1	3	2	3
CH-47	3	2	1	3	4
AH-1	3	2	4	1	4
UH-60	3	2	4	3	1

COMMANDER EVALUATION \_\_\_\_\_

**7. DENSITY ALTITUDE**

ELEVATION

TEMP SL-2000 2-5000 5000+

<10C	1	2	3
10-30C	2	3	4
>30C	3	4	5

COMMANDERS EVALUATION \_\_\_\_\_

**8. OTHER FACTORS**

TIME OF DAYS CONT. CREW REST

DAY &lt;5 5-9 10-15 &gt;15

0800-1600	1	2	3	5
1600-2400	2	3	4	6
2400-0800	3	4	5	7

COMMANDER EVALUATION \_\_\_\_\_

**9. CREW SELECTION - PI**

HOURS &lt;750 750-1500 &gt;1500

MTP 3 2 1

P/IP/SIP 4 3 2

CREWCHIEF 6 5 4

COMMANDER EVALUATION \_\_\_\_\_

**10. AIRCRAFT MAINTENANCE FACTORS**

LEVEL OF MAINT. # OF DAYS DOWN

1-9 10-30 31-90 &gt;90

AVUM	1	2	3	4
AVIM	2	4	5	6
DEPOT	3	5	6	7

COMMANDER EVALUATION \_\_\_\_\_

**LOW RISK <20****MEDIUM RISK <30****HIGH RISK ≥30**

LAAASF WS #5(CONT)

A-6 (CONT)



**F.O.D. CONTROL CHECKLIST**

DATE: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Are maintenance personnel being briefed on FOD prevention techniques?  | YES | NO |
| COMMENTS:   |     |    |
| 2. Are equipment and materials not in use kept clear of the maintenance areas?  | YES | NO |
| COMMENTS:   |     |    |
| 3. Are hover lanes kept clear on non-essential vehicles and equipment?  | YES | NO |
| COMMENTS:   |     |    |
| 4. Are the maintenance hangar work areas kept in a high state of police?  | YES | NO |
| COMMENTS:   |     |    |
| 5. Is the Flight line area kept in a high state of police?  | YES | NO |
| COMMENTS:   |     |    |
| 6. Is the wash rack area and adjacent areas kept in a high state of police?   | YES | NO |
| 7. Are sufficient FOD containers provided on the flight line maintenance work areas?  | YES | NO |
| COMMENTS:   |     |    |
| 8. Are FOD containers emptied regularly?  | YES | NO |
| COMMENTS:   |     |    |
| 9. Are personnel securing loose items from clothing prior to performing maintenance on aircraft?                              | YES | NO |
| COMMENTS:   |     |    |
| 10. Are internal compartments and external fuselage areas of aircraft kept clean and free of FOD?                             | YES | NO |
| COMMENTS:   |     |    |
| 11. Are EIR's being submitted for FOD damage to aircraft components?  | YES | NO |
| 12. When aircraft components are disassembled and/or fuel and oil lines disconnected are all openings covered to prevent FOD? | YES | NO |
| COMMENTS:   |     |    |
| 13. Are engine inlets being inspected for FOD prior to completion of inspections?   | YES | NO |
| COMMENTS:   |     |    |
| 14. Are tool inventories being conducted upon the completion of each maintenance task?  | YES | NO |

(Continued)

**F.O.D. CONTROL CHECKLIST (CONT.)**

15. Is the tool rooms sign out register closed out every workday with all tools that were loaned? YES NO

COMMENTS:

16. Is a tool room accountability completed on a monthly basis? YES NO

COMMENTS:

17. Are de-paneled areas on aircraft being inspected prior to re-installation of panels? YES NO

COMMENTS:

18. Are only the minimum number of tools necessary for the completion of the maintenance task transported to the work area? YES NO

19. Do aircrews and operating personnel report unsatisfactory conditions when encountered? YES NO

COMMENTS:

20. Are supervisors and/or the FOD officer conducting periodic inventories of selected toolboxes? YES NO

COMMENTS:

21. Are fuel sample areas being used properly? YES NO

COMMENTS:

## LOST/MISSING/BROKEN TOOL REPORT

A. Originator\_\_\_\_\_

Report #\_\_\_\_\_ Date / Time\_\_\_\_\_

Tool Box #\_\_\_\_\_

Circumstances: \_\_\_\_\_

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B. Entry made in aircraft log book YES\_\_\_\_\_ NO\_\_\_\_\_

C. Investigator assigned\_\_\_\_\_

**D. Maintenance Officer**

Facility Commander notified YES\_\_\_\_\_ NO\_\_\_\_\_

Aircraft released for flight YES\_\_\_\_\_ NO\_\_\_\_\_

Signature / Date\_\_\_\_\_

**E. Foreman**

Replacement tool authorized YES\_\_\_\_\_ NO\_\_\_\_\_

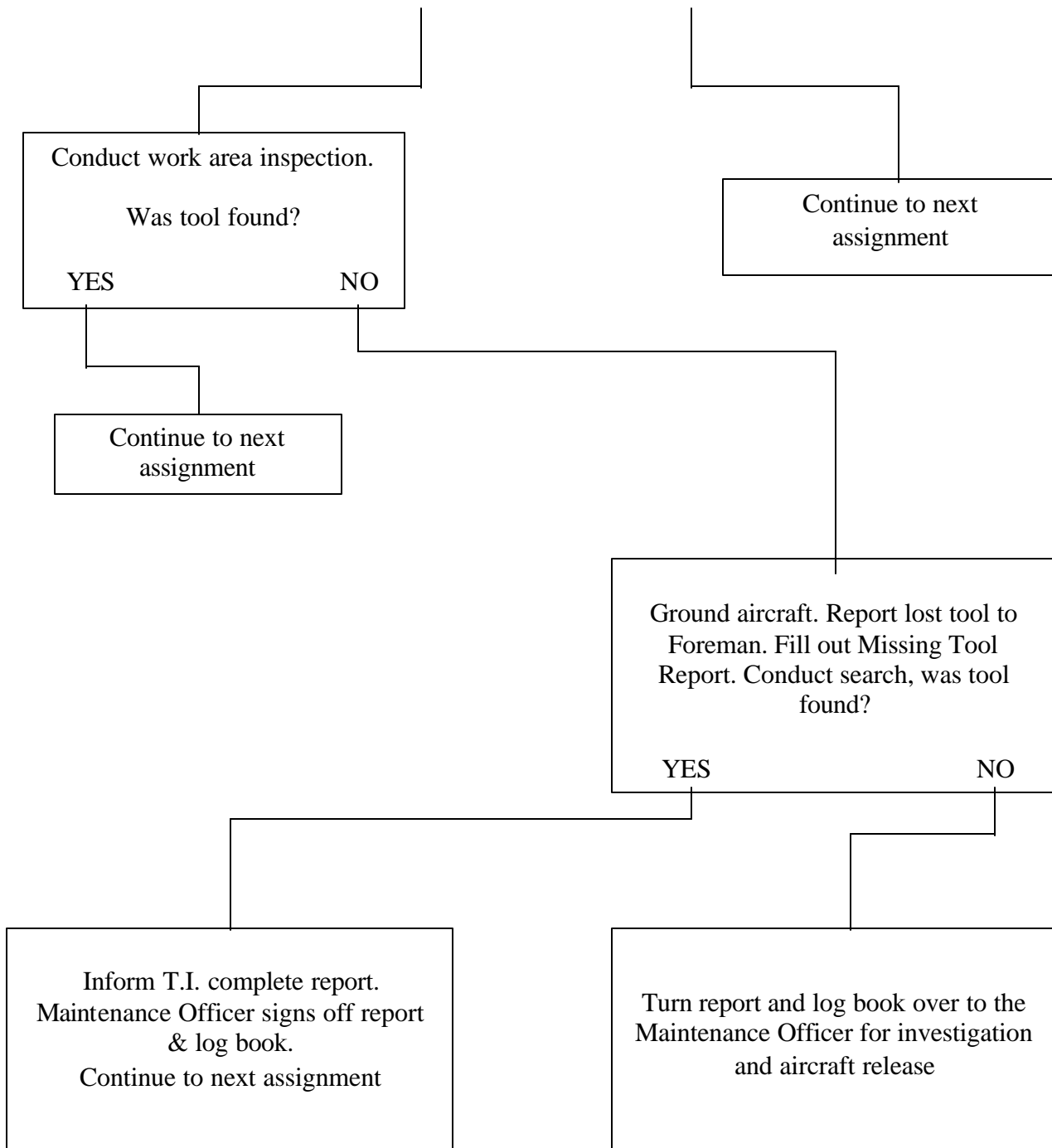
**F. Supply**

Broken / Defective tool received by\_\_\_\_\_

Tool ordered DOC #\_\_\_\_\_

Replacement tool received by\_\_\_\_\_

## LOST TOOL PROCEDURES



LAAASF WS #7 (CONT)

A-9

ANNEX A (LAAASF WORKSHEETS)

<u>FOD / TOOL ACCOUNTABILITY CHECKLIST</u>		<u>FOD / TOOL ACCOUNTABILITY CHECKLIST</u>	
SOCKETS		SOCKETS	

WRENCHES		WRENCHES	
SCREWDRIVERS		SCREWDRIVERS	
PLIERS		PLIERS	
RATCHETS		RATCHETS	
EXTENSIONS		EXTENSIONS	
MISC. (Hammer, Thickness gauge, Insp. mirror, Magnetic retrieving tool, punches,		MISC. (Hammer, Thickness gauge, Insp. mirror, Magnetic retrieving tool, punches,	
TOTAL		TOTAL	

<u>FOD / TOOL ACCOUNTABILITY CHECKLIST</u>		<u>FOD / TOOL ACCOUNTABILITY CHECKLIST</u>	
SOCKETS		SOCKETS	
WRENCHES		WRENCHES	
SCREWDRIVERS		SCREWDRIVERS	
PLIERS		PLIERS	
RATCHETS		RATCHETS	
EXTENSIONS		EXTENSIONS	
MISC. (Hammer, Thickness gauge, Insp. mirror, Magnetic retrieving tool, punches,		MISC. (Hammer, Thickness gauge, Insp. mirror, Magnetic retrieving tool, punches,	
TOTAL		TOTAL	

ANNEX A (LAAASF WORK SHEETS)  
**IN PROCESSING ORIENTATION**

<u>TOPIC</u>	<u>BRIEFER</u>	<u>ELEMENTS</u>	<u>INITIAL</u>
PERFORMANCE	1 <sup>st</sup> Line Supv.	Performance Elements Annual Evaluations Cash Awards	_____ _____ _____
STANDARD OPERATING PROCEDURES	Maintenance Officer	Operations/Maintenance	_____
APPEARANCE	1 <sup>st</sup> Line Supv.	Hair Cuts, Shaving, Uniform	_____
BEHAVIOR	1 <sup>st</sup> Line Supv.	TPP 904 APP # 9 # 12 # 13 # 16	_____ _____ _____ _____
APPEARANCE & PUNCTUALITY	1 <sup>st</sup> Line Supv.	Start time, tardiness, etc. TPP 904 APP A #24 SOP (Hours of the work day) Break Time Lunch Time Accountability Sign-in / Out rosters	_____ _____ _____ _____ _____ _____ _____
COMPATIBILITY	1 <sup>st</sup> Line Supv.	MTOE position Shop Structure	_____ _____
POLICIES TPP 904 APP A	1 <sup>st</sup> Line Supv.	Alcohol, drugs, fighting, smoking and sexual harassment	_____
ADDRESS CHANGES	1 <sup>st</sup> Line Supv.	Keep supervisor current on all address and phone number changes (secretary updates roster every 6 months)	_____
UNION	Union Shop Steward	Membership Shop Steward Access to union contract	_____ _____ _____
SUGGESTION PROGRAM	1 <sup>st</sup> Line Supv.		_____
COMMANDER'S OPEN DOOR POLICYCY / CHAIN OF COMMAND	Facility Commander		_____

**IN PROCESSING ORIENTATION (CONT.)**

<u>TOPIC</u>	<u>BRIEFER</u>	<u>ELEMENTS</u>	<u>INITIAL</u>
HAZMAT PROGRAM	HAZMAT NCO	View HAZMAT Tape	_____
SAFETY PROGRAM	Safety Officer	Safety Policies	_____
		Industrial Injuries	_____
		Safety Council Members	_____
		Safety Meetings	_____
		Facility Safety Officer / NCO	_____
		Safety Orientation	_____
OPERATIONAL HAZARD REPORTS (OHR)	Safety Officer		_____
SAFETY BRIEFING ON ALL AIRCRAFT AND EQUIPMENT	Safety NCO		_____
TOUR OF FACILITY, FLIGHT LINE ETC.	1 <sup>st</sup> Line Supv.		_____
ISSUE OF SAFETY EQUIPMENT/TOOLS/SUPPLY	Supply		_____
SECURITY AND TOOL / EQUIPMENT ACCOUNTABILITY	1 <sup>st</sup> Line Supv.		_____
EXPLANATION OF LEAVE AND EARNINGS STATEMENT / DIRECT DEPOSITE (EFT)	1 <sup>st</sup> Line Supv.		_____
FLIGHT PHYSICALS	Operations		_____
PHYSICAL TRAINING PROGRAM	1 <sup>st</sup> Line Supv.		_____
TECHNICIAN ID CARDS / FLIGHTLINE PASSES	Post Security		_____
VEHICLE STICKERS (AFRC)	Post Security		_____
ALLIED SHOP SUPERVISOR			_____
WS-10 MECH FOREMAN			_____
AVIONICS SUPERVISOR			_____
LAAASF WS #9 (CONT.)	A-11 (CONT.)		

**OCCUPATIONAL HEALTH and SAFETY BRIEFING**


---

The employee will initial on the form in each block when his/her briefing is completed and understood

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1. Ensure that the employee is issued all required personal protective clothing and equipment (PCE) and explain their proper use (Initial when issued and trained)

_____ Safety shoes / boots	_____ Hearing Protection
_____ Flight helmet and goggles	_____ Respirator (selected individuals )
_____ Safety glasses / goggles	_____ Wet weather clothing
_____ Flight suit	

NOTE: If individual wears prescription glasses, be sure he/she has prescription safety glasses ordered

3. \_\_\_\_\_ Show employee the location of all First Aid Stations

4. \_\_\_\_\_ Explain the procedures to follow when injured on the job

a. Notify your supervisor immediately, If not available any supervisor will suffice

b. Complete state form CA-1 for all injuries reported

c. State form CA –16 (Request for Examination and/or Treatment) will be completed if the injured technician needs medical attention. The attending physician will complete the form as necessary.

d. Remember: Authorization is needed before seeking medical attention

e. DA Form 285 will be completed by the Facility Safety Officer, if medical attention is necessary.

5. Show the employee the Location & proper use of the following safety items

_____ Fire Extinguishers	_____ Safety guards
_____ HAZMAT material	_____ Solvent tanks (fire links)
_____ Battery room alarm	_____ Face shields / goggles
_____ Obey all safety signs	

6. Explain safe operation of Ground Support Equipment (GSE) to the employee

_____ Ground Guides	_____ Speed limits (10mph on the ramp, 5mph while towing)
_____ Acft. tugs, forklifts, pettibone	_____ Towing aircraft
_____ Wet surfaces	_____ Mounting / dismounting
_____ Driver license	_____ 3-Wheel bicycles
_____ Work stands	_____ Ground Handling Wheels



**OCCUPATIONAL HEALTH and SAFETY BRIEFING (CONT)**

7. Explain the proper procedures for disposing of rubbish and HAZMAT

_____ Oily rags	_____ Waste Oil
_____ Floor sweep / absorbent	_____ Contaminated hydraulic fluid
_____ Fuel & Oil filters	_____ Contaminated fuel
_____ Oil cans (5gal and less)	_____ FOD
_____ Paint cans	_____ Paint by -products

8. Explain the inspection procedures and proper use on power tools and shop equipment to include lifting devices

_____ Crane operation (Pettibone)	_____ Electric power tools
_____ Slings	_____ Hand tools
_____ Hydraulic lifting devices	_____ Hangar doors

9. Employee awareness of the following safety hazards

_____ Oil and fuel spills	_____ Fire traps
_____ Cluttered work space	_____ Damaged shop equipment
_____ Damaged hand tools	_____ Standing between vehicles
_____ Jumping from vehicles	_____ Use of personal bicycles
_____ Proper ventilation when painting	_____ Paint (toxic fumes/off limits)
_____ Horseplay	

10. Explain the areas where smoking is permitted

11. The order in which safety violations or safety hazards should be reported are 1) Immediate supervisor and 2) Shop safety representative

12. \_\_\_\_\_ Instruct the employee on the procedures of filing an OHR (Occupational Hazard Report) or DA Form 4755 (Employee report of alleged unsafe or unhealthful working conditions)

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**STATEMENT**

I have been informed of the safety items described on this form, and I agree that I am responsible for my safety and the safety of others. I have read the Facility Commander's Safety Philosophy

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of briefer \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This form will become a permanent item in your personnel employment file  
LAAASF-ASO (385-10d) A-12 (CONT)

Maintenance Request	Maintenance Request
Date _____ A/C Type _____.	Date _____ A/C Type _____.
S/N _____ A/C Hours _____.	S/N _____ A/C Hours _____.
<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.	<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.
P/R _____ ELEC _____ S/M _____ G/S _____.	P/R _____ ELEC _____ S/M _____ G/S _____.
Write-up Date: _____ # _____.	Write-up Date: _____ # _____.
FAULT _____.	FAULT _____.
SUBMITTED BY: _____.	SUBMITTED BY: _____.
LAAASF WS #10	LAAASF WS #10

Maintenance Request	Maintenance Request
Date _____ A/C Type _____.	Date _____ A/C Type _____.
S/N _____ A/C Hours _____.	S/N _____ A/C Hours _____.
<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.	<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.
P/R _____ ELEC _____ S/M _____ G/S _____.	P/R _____ ELEC _____ S/M _____ G/S _____.
Write-up Date: _____ # _____.	Write-up Date: _____ # _____.
FAULT _____.	FAULT _____.
SUBMITTED BY: _____.	SUBMITTED BY: _____.
LAAASF WS #10	LAAASF WS #10

Maintenance Request	Maintenance Request
Date _____ A/C Type _____.	Date _____ A/C Type _____.
S/N _____ A/C Hours _____.	S/N _____ A/C Hours _____.
<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.	<b>Shop</b> AVN _____ HYD _____ ARM _____ ENG _____.
P/R _____ ELEC _____ S/M _____ G/S _____.	P/R _____ ELEC _____ S/M _____ G/S _____.
Write-up Date: _____ # _____.	Write-up Date: _____ # _____.
FAULT _____.	FAULT _____.
SUBMITTED BY: _____.	SUBMITTED BY: _____.
LAAASF WS #10	LAAASF WS #10

**FLIGHT LINE SECURITY**

MONTH / YEAR / DAY:									
<b>ACFT #</b>	<b>LOCATION</b>	<b>CONDITION</b>	<b>SU</b>	<b>MO</b>	<b>TU</b>	<b>WE</b>	<b>TH</b>	<b>FRI</b>	<b>SAT</b>
<b>UH-60</b>									
80-23462									
82-23705									
80-23461									
87-24594									
87-24597									
82-23706									
85-24447									
85-24747									
<b>OH-58</b>									
70-15408									
69-16328									
72-21396									
71-20609									
70-15285									
68-16732									
70-15480									
68-16889									
70-15456									
70-15496									
69-16280									
<b>UH-1</b>									
71-20123									
70-16343									
73-22131									
70-16231									
73-21665									
72-21484									
69-15308									
69-15124									
<b>SUPERVISOR'S INITIAL</b>									

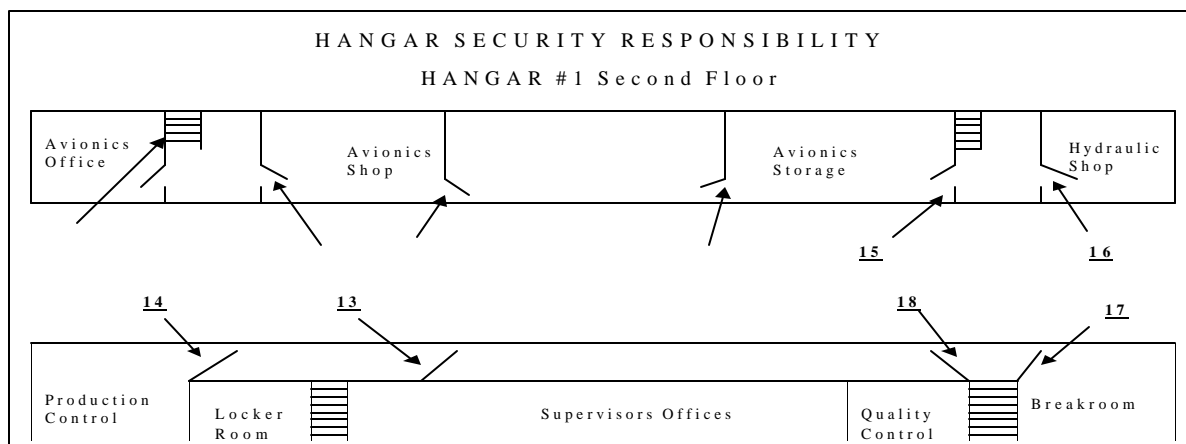
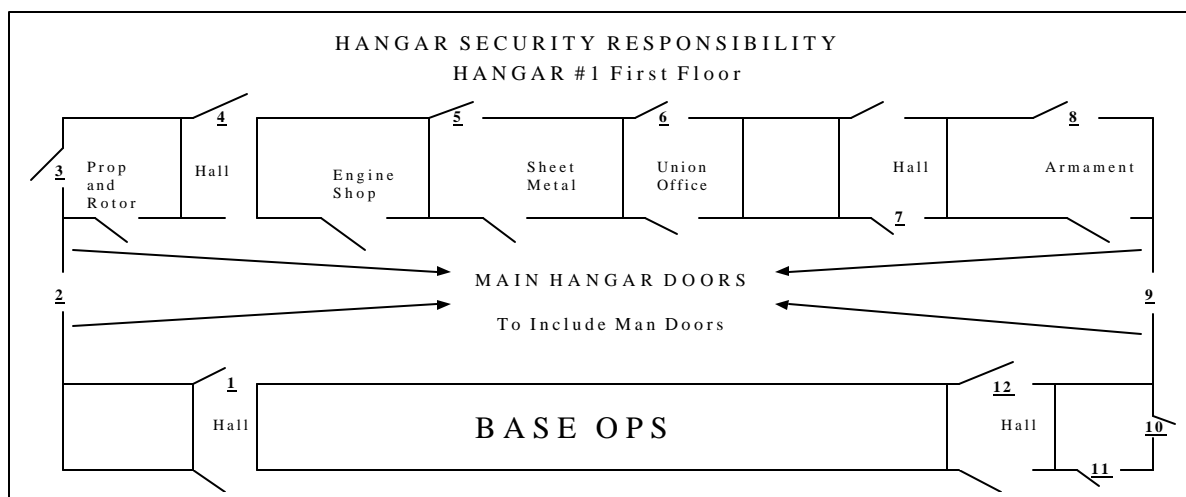
**HANGAR #1 SECURITY**

1. Numbered doors 1,2,3,13 and 14 are normally the responsibility of R. Kotick, T. Lowe, T. Perdue, and/or M. Duvjnak
2. Numbered doors 4,5,6,7,15 and 16 are normally the responsibility of T. Perdue
3. Numbered doors 8-12 are normally the responsibility of either R. Barber and/or J. McClellan
4. Numbered doors 17 and 18 are normally the responsibility of all the Quality control personnel

NOTE: All supervisors are ultimately responsible for the security of this Hangar. If there are key personnel absent personnel it is our responsibility to insure that their assigned doors are secured. This also applies to hangar #2 on page two of this document.

5. I \_\_\_\_\_ have checked the following doors and they were secure on this date \_\_\_\_\_ and time \_\_\_\_\_.

\_\_\_\_\_  
signature



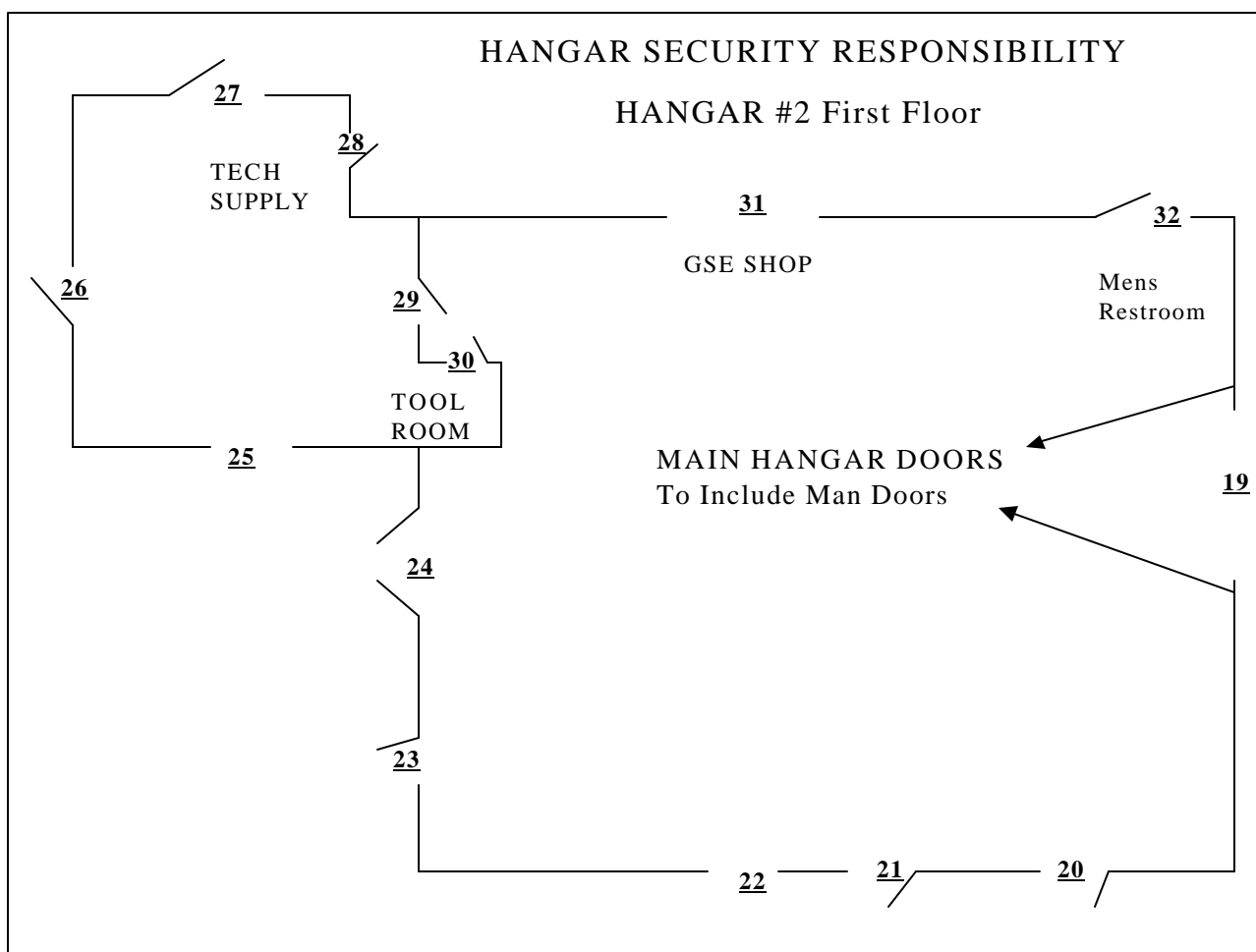
**HANGAR #2 SECURITY**

1. Numbered doors 19 – 24, 31 and 32 are normally the responsibility of E. Feick.
2. Numbered doors 25 - 30 are normally the responsibility of Tech Supply Personnel

NOTE: All supervisors are ultimately responsible for the security of this Hangar. If there are key personnel absent personnel it is our responsibility to insure that their assigned doors are secured. This also applies to hangar #1 on page one of this document.

3. I \_\_\_\_\_ have checked the following doors and they were secure on this date \_\_\_\_\_ and time \_\_\_\_\_.

\_\_\_\_\_  
Signature



**PUBLICATIONS REQUEST**

Sub Account\_\_\_\_\_

Date\_\_\_\_\_

PUBLICATION TITLE AND TM, TB, AR, DA PAM..... NUMBER

	QTY	CHG #